| PUBLIC HEALTH SERVICE FOOD AND DRUG AMD INTERNATION BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES 747 DUNS: 780364373 Annual Registration VALIDATED BY | DEPARTMENT OF HEALTH AND HUMAN SERVICES | FEI: 3004499984 | REASON FOR SUBMISSION | DISTRICT OFFI |
|--|--|----------------------|-----------------------|---------------|
| TION AND PRODUCT LISTING FOR U.S. License Number: UCTS AND LICENSED DEVICES 747 | | | Annual Registration | |
| | TION AND PRODUCT LISTING FOR | U.S. License Number: | | VALIDAŢEDB |
| | MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES | 747 | | |

| DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES | ### REASON FOR SUBMISSION DUNS: 780364373 | DISTRICT OFFICE:New Orleans VALIDATED BY FDA: 10/31/2023 |
|--|---|--|
| LEGAL NAME AND LOCATION: | REPORTING OFFICIAL: Jill M. Rogers | U.S. AGENT: |
| Blood Assurance, Inc. 155 W. Broad Street Cookeville, TN 38501 USA | Blood Assurance, Inc. 705 E 4th Street | |
| | Chattanooga, TN 37403-1299 USA | |
| 931-526-3462 | 4236432654 jmr@bloodassurance.org | |
| OTHER NAMES USED IN THIS LOCATION: Blood Assurance, Inc; Cookeville Donor Station | TYPE OF OWNERSHIP: CORPORATION | ESTABLISHMENT TYPE: COLLECTION FACILITY; DISTRIBUTION CENTER |
| | DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED | |
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|-----------------------------------|---------|---------------------|------------------------|---------|---------------------------------------|------------|-------------------|------|--------------------------------------|-----------|---------------------|--------|
| PRODUCT | COLLECT | MANUAL APHERESIS | AUTOMATED APHERESIS | PREPARE | PREPARE LEUKOCYTES IRRADIATED REDUCED | IRRADIATED | DONOR RETESTED | TEST | STORE AND DISTRIBUTE TO OTHERS | BACTERIAL | PATHOGEN REDUCED | POOLED |
| WHOLE BLOOD | × | | | | | | | | | | | |
| RED BLOOD CELLS (RBC) | | | × | | | | | | × | | | |
| PLATELETS | | | × | | | | | | × | | | |
| PLATELETS EXTENDED DATING | | | × | | | | | | × | | | |
| PLASMA | | | × | | | | | | | | | |
| PF24 PLASMA | | | × | | | | | | | | | |
| PF24RT24 PLASMA | | | × | : | | | | | | | | : |
| FRESH FROZEN PLASMA | | • | × | | | | | | | | | |
| LIQUID PLASMA | | | | | | | | | × | | | |
| BLOOD PRODUCTS FOR DIAGNOSTIC USE | × | | | | | | | | | | | |
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|---------------------------------------|---|--|---|--|
| PRODUCT COLLECT MANUAL APHERESIS | OTHER NAMES USED IN THIS LOCATION: Blood Assurance, Inc; Cookeville Donor Station | 931-526-3462 | LEGAL NAME AND LOCATION: Blood Assurance, Inc. 155 W. Broad Street Cookeville, TN 38501 USA | DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION BLOOD ESTABLISHMENT REGISTRATION AND PRODUCT LISTING FOR MANUFACTURERS OF BLOOD PRODUCTS AND LICENSED DEVICES |
| AL AUTOMATED SIS APHERESIS | TYPE CORF DONG ALLO | Chattanooga 4236432654 jmr@blooda | REPORTING Jill M. Rogers Blood Assural 705 E 4th Stre | FEI: DUNS: U.S. Lic |
| | TYPE OF OWNE CORPORATION DONOR/RECIPII ALLOGENIC, AL | nooga, TI 32654 loodassu | REPORTING OFFICIAL: Jill M. Rogers Blood Assurance, Inc. 705 E 4th Street | FEI: 3004499984 DUNS: 780364373 U.S. License Number: 747 |
| REPARE | TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RE ALLOGENIC, AUTOLOG | Chattanooga, TN 37403-1299 USA 4236432654 jmr@bloodassurance.org | FFICIAL: e, Inc. | 984 73 nbér: |
| REDUCED | TYPE OF OWNERSHIP: CORPORATION DONOR/RECIPIENT RELATIONSHIP: ALLOGENIC, AUTOLOGOUS, DIRECTED | 299 USA | | REAS Annua |
| PREPARE LEUKOCYTES IRRADIATED REDUCED | P: CTED | | | REASON FOR SUB Annual Registration |
| DONOR | | | | OR SUBMISSION istration |
| TEST | COLLEC | | U.S. AGENT: | DISTRIC |
| STORE AND DISTRIBUTE TO OTHERS | ESTABLISHMENT TYPE: COLLECTION FACILITY; DISTRIBUTION CENTER | | ENT: | DISTRICT OFFICE:New Orleans VALIDATED BY FDA: 10/31/2023 |
| BACTERIAL TESTING | | | | w Orleans 10/31/2023 |
| PATHOGEN REDUCED | TION CENTER | | | |
| POOLED | M R | | | |

***** End Of Report *****